

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 462 07576 297

1. PLACE OF DEATH

County Talbot
 City or town Oxford
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Two months
 Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1714 - Woodward St.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

William G. Adams

3. (b) Social Security Number

4. Sex M 5. Color or race col. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Lillie Adams
 7. Birth date of deceased (mo., day, yr.) Unknown Apr. 9, 1887
 8. AGE: Years 61 Months Unknown Days Unknown It less than one day Unknown hrs. Unknown min. Unknown

9. Birthplace Talbot Co.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Same

12. Name Gilbert Adams

13. Birthplace Talbot Co.

14. Maiden name Mary E. Smith

15. Birthplace Talbot Co.

16. Informant (Mrs) Sarah A. Green

Address Oxford Md.

17. Burial Date thereof 7/19/48
 (Burial, cremation, or removal: Which?) (month) (day) (year)

Cemetery or crematory Oxford Neck Md.

Location Talbot Co.

18. Funeral director Low & Henry

Address Easton Md.

19. 7/17 1948 N.H. Neuring
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1948 at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1948 to July 16 1948

and that I last saw him alive on July 16 1948

Immediate cause of death Carcinoma of the Rectum

DURATION

12. mo.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward J. Webb, M.D. M. D. or other

Address Easton, Md. Date signed 7/18/48

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AUG 4 1948

BUREAU V. S.

Evidence for change of
Page shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07577

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot County
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27 days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Trope
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Mrs Emily Maynadier
Female White Married
6. (b) Name of husband or wife Mr Charles Arensburg

3. (b) Social Security Number

7. Birth date of deceased (mo., day, yr.) Nov 22, 1878

8. AGE: Years 69 Months 10 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Boston, Mass
(Town, county, and state)

10. Usual occupation H. W.

11. Industry or business _____

12. Name James J. Maynadier

13. Birthplace Talbot County

14. Maiden name Mary Wright

15. Birthplace Massachusetts

16. Informant Mr Charles Arensburg

Address Trope Md

17. Burial, cremation, or removal. Which? Buried Date thereof 7/31/48
(month) (day) (year)

Cemetery or crematorium Allegheny

Location Pittsburgh, Pa

18. Funeral director Reynolds

Address Easton Md

19. 7/29 48 N.H. Neuman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 19 48, at 7¹⁵ P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/21 19 48, to 7/28 19 48.

and that I last saw him alive on 7/28 19 48.

Immediate cause of death _____ DURATION _____

Myocardial infarction 7/1/48

Due to Coronary occlusion 7/1/48

Due to Arteriosclerotic coronary disease ?

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

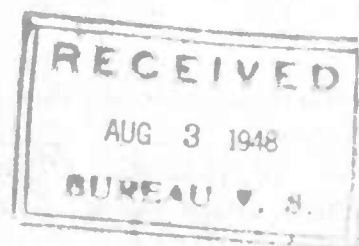
23. SIGNATURE ms Cor in D.
M. D. or other _____

Address Easton Md Date signed 7/30/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Amended 7-15-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07578

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 72 hrs
 Hospital, institution or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 72 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs Mammie Blades

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mr Elmer Blades
 7. Birth date of deceased (mo., day, yr.) Sept 17, 1883 6.(c) If alive, give age _____ years
 8. AGE: Years 64 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Preston Md
 (Town, county, and state)

10. Usual occupation H.W

11. Industry or business _____

12. Name Thomas Luther Trice

13. Birthplace Hullock Md

14. Maiden name Elma Gordy

15. Birthplace Sharpsburg Md

18. Informant Mrs Marion Chambers

Address Centerville, Md

17. Burial Date thereof 7/20/48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory near Preston Md

Location Preston Md

18. Funeral director Harry M. Steele

Address Frederick, Md

19. 7/19 19 48 N.H. Neerues
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 48, at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 34 to July 18 19 48

and that I last saw him PP alive on July 18 19 48

Immediate cause of death Cerebral Hemorrhage

hyp. DURATION 3 days

Due to Arteriosclerosis 5 yrs

Due to Hypertensive Heart Disease 15 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thos. B. Chambers M. D. or other _____

Address Preston, Md Date signed 7/20/48

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JUL 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

07579

1. PLACE OF DEATH:

County Talbot
 City or town Rural, Bellevue
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Rural, Bellevue
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Perry Castle

3. (b) Social Security Number

none

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Sept 25 1899
 8. AGE: Years 48 Months 10 Days 4 It less than one day _____ hrs. _____ min.

9. Birthplace Bellevue, Talbot Co., Md.
 (Town, county, and state)
 10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Perry Thomas
 13. Birthplace Bellevue, Talbot Co., Md.
 MOTHER 14. Maiden name Mary Emma Castle
 15. Birthplace Bellevue, Talbot Co., Md.
 16. Informant Ida May Whiting

Address 1731 Monument St. Philadelphia.
 17. Burial Date there July 31, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Colored Cemetery
Bellevue, Md.
 Location _____

18. Funeral director Newnam & Harrison
 Address St. Michaels, Md.

19. July 31 1948 Miss Pearl L. Seck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1948 19 _____ at 3:00p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29, 1948 19 _____ to July 29, 1948 19 _____
 and that I last saw him alive on 2 yrs. ago 19 _____

Immediate cause of death
Acute Coronary Disease

DURATION
2 hrs

Due to Hypertension

Due to _____
 Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

None Date of op. ✓
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓
 Where did injury occur? ✓ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury ✓ Injured at work? ✓

23. SIGNATURE Philip B. Deane M. D. or other 7.31.48
 Address St. Michaels, Md Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

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JUL 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07581 290

1. PLACE OF DEATH: County <u>Talbot</u> City or town <u>Royal Oak</u> (If outside city or town limits, write RURAL and give nearest town) How long above place of death? <u>all of life</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Talbot</u> City or town <u>Royal Oak</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war									
3. (a) FULL NAME <u>John Alfred Raymond Cohen</u>		3. (b) Social Security Number									
4. Sex <u>Male</u>	5. Color or race <u>Black</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>									
6. (b) Name of husband or wife <u>Harriett Thomas</u>		6. (c) If alive, give age <u>66</u> years									
7. Birth date of deceased (mo., day, yr.) <u>May 25, 1871</u>											
8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>77</u></td> <td><u>2</u></td> <td><u>3</u></td> <td>hrs. min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>77</u>	<u>2</u>	<u>3</u>	hrs. min.
Years	Months	Days	If less than one day								
<u>77</u>	<u>2</u>	<u>3</u>	hrs. min.								
9. Birthplace <u>Royal Oak, Md.</u> (Town, county, and state)											
10. Usual occupation <u>Laborer</u>											
11. Industry or business											
12. Name <u>Edward Cohen</u>											
13. Birthplace <u>Royal Oak, Md.</u>											
14. Maiden name <u>Nellie Fields</u>											
15. Birthplace <u>Royal Oak, Md.</u>											
16. Informant <u>Harriett Cohen</u> Address <u>Royal Oak, Md.</u>											
17. Burial (Burial, cremation, or removal. Which?) Date thereof <u>July 31, 1948</u> (month) (day) (year) Cemetery or crematory <u>St Pauls Cemetery</u> Location <u>Royal Oak, Md.</u>											
18. Funeral director <u>John D. Williams</u> Address <u>Easton, Md.</u>											
19. <u>7/29</u> <u>48</u> <u>N. S. Morris</u> (Date rec'd by Registrar) Registrar											

MEDICAL CERTIFICATION 20. DATE OF DEATH <u>July 28</u> 19 <u>48</u> , at <u>4:45</u> P.M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>July 10</u> 19 <u>48</u> to <u>July 28</u> 19 <u>48</u> and that I last saw him alive on <u>July 28</u> 19 <u>48</u> Immediate cause of death <u>Pulmonary Tuberculosis</u> <u>Cause</u> DURATION <u>6 mo.</u>	
Due to Due to Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op.	
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
23. SIGNATURE <u>Hayward T. Nett, M.D.</u> <u>Easton, Md.</u> M. D. or other Date signed <u>7/28/48</u>	

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AUG 3 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07582 290

1. PLACE OF DEATH:

County *Talbot*City or town *Easton*
(If outside city or town limits, write RURAL and give nearest town)How long above place of death? *3 days*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Caroline*City or town *Federalburg*
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Margaret Louise English

3. (b) Social Security Number

4. Sex

F

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Feb-16, 1944*

6.(c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day

4 4 20 hrs. min.9. Birthplace *Federalburg Md*
(Town, county, and state)10. Usual occupation *none*

11. Industry or business

12. Name *Albert Leaser*13. Birthplace *Penn*14. Maiden name *Gillian Mitchell*15. Birthplace *Federalburg Md*16. Informant *Mrs. Gillian Leaser*Address *Fed. Md*17. *Burial* Date thereof *7/8/48*
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory *Bloomers*Location *near Federalburg Md*18. Funeral director *W. Hampton Borg*Address *Federalburg Md.*19. *7/7* 19 *48* *W. H. Neiruss*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 6, 1948* at *12:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3 July 1948 to *6 July 1948*
and that I last saw him alive on *6 July 1948*

Immediate cause of death

Seriousness of the history

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Thos. Lewis Harrison M.D.**Easton Maryland* Date signed *6 July 48*

1001

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JUL 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Wittman
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Rosa Grace

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Robert A. Grace (husb)

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Feb 22, 1903

8. AGE:

Years

Months

Days

If less than one day

45412

hrs.

min.

9. Birthplace

Talbot County
(Town, county, and state)

10. Usual occupation

H. W.

11. Industry or business

12. Name

FATHER

Isaac Palmer

13. Birthplace

MOTHER

Not known

14. Maiden name

MOTHER

Abnetta Palmer

15. Birthplace

MOTHER

Talbot County

16. Informant

Address

Robert A. Grace
Wittman Md

17.

(Burial, cremation, or removal)

Burial

Date thereof

(month)

(day)

(year)

Cemetery or crematory

Location

18. Funeral director

Address

Sherwood
Norman H. Marshall
St. Michaels, Md

19.

(Date rec'd by registrar)

7/61948N.L. Nevins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5, July, 1948 19 48 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 July 19 48 to 5 July 19 48and that I last saw him alive on 5 July 19 48

Immediate cause of death

Cardiac failure

DURATION

3 wks

Due to

Chronic heart disease

Due to

hypertension & aortic stenosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

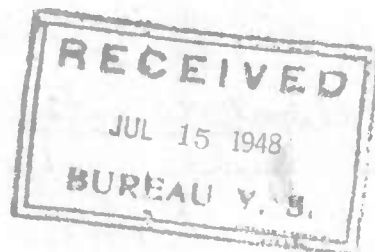
Injured at work?

23. SIGNATURE

Norman H. Marshall

M. D. or other

Address Crofton, MarylandDate signed 7 July 48



1948-~~6-3~~
6-3

1903-2-22

48-4-13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

George H. Lambdin

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, or divorced married

6.(b) Name of husband or wife Nora V. Lambdin

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1873 6.(c) If alive, give age 73 years

8. AGE: Years 74 Months 10 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace St. Michaels, Talbot Co., Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business _____

12. Name George W. Lambdin

13. Birthplace St. Michaels, Md.

14. Maiden name Sarah Hergesheimer

15. Birthplace Baltimore, Md.

16. Informant Mrs. Nora V. Lambdin

Address St. Michaels, Md.

17. Burial Date thereof July 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location St. Michaels, Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. July 24, 1948 Mrs. Robert L. Seck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9, 1948 to July 28, 1948 and that I last saw him alive on July 28, 1948

Immediate cause of death Heart & ex. exhaustion DURATION 4 days

Due to Cardiac Decompensation 3 hours
Myocardial Infarction 2 years

Due to Hypertensive S.V.D. 5 years
Arteriosclerosis, generalized 2 years

Other conditions Senility ?
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Arthur V. Melchior M. D. or other _____

Address St. Michaels, Md. Date signed 7-28-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 31 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Salisbury
 City or town Easton Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 hours
 Hospital, institution, or street address where death occurred:
Easton Memorial Hospital - Washington St. Easton, Md
 How long in hospital or institution? 19 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Salisbury
 City or town Easton Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Howard Rusk Littleton

3. (b) Social Security Number

214-12-5145

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mrs Minnie Littleton

7. Birth date of deceased (mo., day, yr.)

November 9, 1897

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

50

hrs.

min.

9. Birthplace

Baltimore Md
(Town, county and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

Edward R. Littleton

13. Birthplace

MOTHER

14. Maiden name

Nora Bennett

15. Birthplace

16. Informant

Address

Mrs Minnie Littleton
Easton Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

7/5/48
(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton Md

18. Funeral director

Address

Easton Md

19.

(Date rec'd by registrar)

19

48N. W. Nurex
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 1-1948, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____, to 19____

and that I last saw him alive on 19____

Immediate cause of death

Heart stroke

DURATION

19 hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

occurred
at work

23. SIGNATURE

Louis P. Harty, M.D. D.M.E.
M. D. or other

Address

Easton MdDate signed 7-1-48

RECEIVED

JUL 8 1948

BUREAU V. S.

arrived 5/19/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

07586

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 mo - 7 days 2 hrs. 5 min
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 2 mo - 7 day 2 hrs. 5 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Wittman
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Irene Marshall

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband Mr. Albert C. Marshall

7. Birth date of deceased (mo., day, yr.) Sept 26, 1900 6. (c) If alive, give age _____ years

8. AGE: Years 47 Months 10 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Talbot County
(Town, county, and state)

10. Usual occupation N.W.

11. Industry or business _____

12. Name Mrs. Dairson Jones

13. Birthplace Talbot Co. (Wittman)

14. Maiden name Annie Simms

15. Birthplace Talbot Co (Wittman)

16. Informant Mr. Albert C. Marshall

Address Wittman Md

17. Burial Date thereof 7/28/48
(Burial, cremation, or removal, what?) (month) (day) (year)

Cemetery or crematory St. Michael's

Location St. Michael's Md

18. Funeral director Newnam & Sherson

Address St. Michael's Md

19. 7/26 19 48 N.H. Newnam
(Date rec'd by registrar) (year) (month) (day) (signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1948, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1946 to 26 July 1948

and that I last saw him alive on 26 July 1948

Immediate cause of death Gangrene of right leg

DURATION

7 mos.

Due to Diabetes mellitus

Due to _____

Other conditions No further mi. conditions -
more can be seen
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Phyllis H. Harrison M. D. or other _____

Address Easton, Maryland Date signed 26 July 48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1948
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH:

County... TalbotCity or town... St. Michaels
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... TalbotCity or town... St. Michaels
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2(a) If veteran, name war World War I

3. (a) FULL NAME

Sherman Edward Miles

3. (b) Social Security Number

217-05-3859

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Colored Married6. (b) Name of husband or wife Bera M. Miles6. (c) If alive, give age 57 years7. Birth date of deceased (mo., day, yr.) 1888 - April 18. AGE: Years 60 Months 0 Days 30 If less than one day
.....hrs.min.9. Birthplace Crisfield, Md.
(Town, county, and state)10. Usual occupation laborer11. Industry or business Packing house12. Name Sherman Miles13. Birthplace Crisfield14. Maiden name Lucy Brown15. Birthplace Unknown16. Informant Bera M. MilesAddress St. Michaels, Md.17. Burial Date thereof Aug. 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CrisfieldLocation Crisfield18. Funeral director Norman D. MarshallAddress St. Michaels, Md.19. Aug. 1, 1948 Miss Robt R. Deut-
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1948 19... at 5:00p M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar. 15, 1948 19... to July 31, 1948and that I last saw h. im alive on July 31, 1948 19...Immediate cause of death Arteriosclerotic Heart Disease DURATION UnknownDue to Lues (Latent)

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations NoneAutopsy results None Date of op. None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... ✓ Date ofWhere did injury occur? ✓ (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ✓Means of injury ✓ Injured at work? ✓23. SIGNATURE Philip B. Deurs M. D. or otherAddress St. Michaels, Md Date signed 7.31.48

RECEIVED

AUG 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07588

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
West Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. West Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

George Franklin Mullikin

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Louisa Mullikin6. (c) If alive, give age 83 years

7. Birth date of

deceased (mo., day, yr.)

Sept. 9, 1864

8. AGE:

Years

Months

Days

If less than one day

83928

hrs.

min.

9. Birthplace

Talbot Co. Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

George H. Mullikin

12. Name

Talbot Co. Md.

13. Birthplace

Emily J. Hilsby

14. Maiden name

Talbot Co. Md.

15. Birthplace

W. A. Mullikin

16. Informant

Trappe, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof July 10, 1948

(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Md.

18. Funeral director

Marion E. Newman

Address

Easton Md.

19. Date rec'd by registrar

7/8 48M. D. Perreis

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 7, 1948 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1947 to July 1948and that I last saw him alive on July 7th 1948

Immediate cause of death

Carcinoma of thepancreas

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William S. SeymourAddress Easton Md.Date signed July 8/48

M. D. or other

RECEIVED

JUL 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 117 SEP 16 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Wm Parker

4. Sex

male

5. Color or race

col

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

1894

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

5455

9. Birthplace

Cambridge Md.Labov.

10. Usual occupation

unknown

11. Industry or business

unknown

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematorium

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19. 48

N. H. Neeress

Registrar

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

2. (b) Social Security Number

220-01-1547

23. (a) Social Security Number

220-01-1547

23. (b) Social Security Number

220-01-1547

23. (c) Social Security Number

220-01-1547

23. (d) Social Security Number

220-01-1547

23. (e) Social Security Number

220-01-1547

23. (f) Social Security Number

220-01-1547

23. (g) Social Security Number

220-01-1547

23. (h) Social Security Number

220-01-1547

23. (i) Social Security Number

220-01-1547

23. (j) Social Security Number

220-01-1547

23. (k) Social Security Number

220-01-1547

23. (l) Social Security Number

220-01-1547

23. (m) Social Security Number

220-01-1547

23. (n) Social Security Number

220-01-1547

23. (o) Social Security Number

220-01-1547

23. (p) Social Security Number

220-01-1547

23. (q) Social Security Number

220-01-1547

23. (r) Social Security Number

220-01-1547

23. (s) Social Security Number

220-01-1547

23. (t) Social Security Number

220-01-1547

23. (u) Social Security Number

220-01-1547

23. (v) Social Security Number

220-01-1547

23. (w) Social Security Number

220-01-1547

23. (x) Social Security Number

220-01-1547

23. (y) Social Security Number

220-01-1547

23. (z) Social Security Number

220-01-1547

23. (aa) Social Security Number

220-01-1547

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

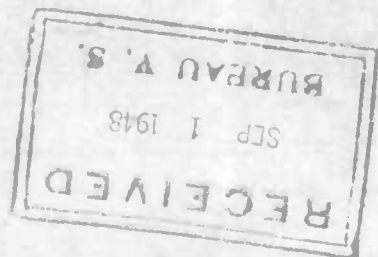
19. 48

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. 48

20.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

FILE No. G-116 JUL 26 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1952

07590

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Tackett
City or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 days
Hospital, institution, or street address where death occurred:
Easton Memorial Hospital
How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne
City or town Queen Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____ ✓

3. (a) FULL NAME

Mr. Marvin Redden

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Mrs. Ora Redden
7. Birth date of deceased (mo., day, yr.) Sept 12, 1911 8. (c) If alive, give age _____ years
8. AGE: Years 36 Months 31 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Queen Anne Co. Md.
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business _____

12. Name Oran Redden

13. Birthplace unknown

14. Maiden name Paul Cook

15. Birthplace Queen Anne Md

16. Informant Mrs Ora Redden

Address Queen Anne Md

17. Burial Date thereof 7/15/48
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro, Md.

18. Funeral director R. B. Rawlings

Address Greensboro, Md.

19. 7/12 48 N. B. Perier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 19 48 at 8:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 July 19 48 to 11 July 19 48

and that I last saw him alive on 11 July 19 48

Immediate cause of death Uremia (nephritis) DURATION 8 days

(1) acute nephritic nephrosis 8 days

(2) due to toxemia - 1st drug 8 days

Due to intoxication - 1st drug

administered for smallpox

Due to the firearm

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Phonon Harrison M.D. M. D. or other

Address Easton, Maryland Date signed 12 July 48

RECEIVED

JUL 21 1948

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
of age, shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07591

FILM NO. 116 AUG 3 - 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County TALBOT
City or town EASTON MD. R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Talbot
City or town Easton R.D.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Sussie Eugenia ROLLISON

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1873 6. (c) If alive, give age years

8. AGE: Years 75 Months 6 Days 16 If less than one day hrs. min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Anthony Lane

13. Birthplace Talbot Co. Md.

14. Maiden name Sarah Collins

15. Birthplace Talbot Co. Md.

16. Informant William Lane

Address Easton, Md.

17. Burial Date thereof July 12/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton Talbot Co. Md.

18. Funeral director John W. Stafford

Address Easton Md.

19. 7/16 48 M. D. Neuman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1948 at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1948 to July 15 1948 and that I last saw him alive on July 12 1948

Immediate cause of death Myocardial infarction DURATION 4 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sam Loder M.D. M. D. or other

Address 4200 Anne Rd Date signed 7/16

RECEIVED

JUL 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Jefferson
 City or town Easton
 outside city or town limits, write RURAL and give nearest town
 How long in above place of death? 25 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Tipton
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ✓
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced M.

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 7, 1885

8. AGE:

Years 63Months ✓Days 4

ft less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date recd by registrar)

19 48

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 48 at 11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/18/1947 to 7/18/1948and that I last saw him alive on 7/16/1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

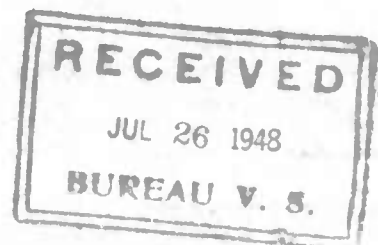
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Easton Ind. Date signed 7/19/48



RECEIVED

JUL 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Completed 7/6/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07593

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Calvert
City or town Edston
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town 18 Franklin St Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No. Denton
(If rural, give LOCATION)
2. (a) If veteran, name war ☒

3. (a) FULL NAME

Mrs Linda Ross

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced unmarried
6. (b) Name of husband or wife Mr Joseph L. Ross
7. Birth date of deceased (mo., day, yr.) Dec 17, 1879
6. (c) If alive, give age 68 years
8. AGE: Years 68 Months 7 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Caroline County
(Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name Mr Henry Rawlings

13. Birthplace Caroline County

14. Maiden name ella Richardson

15. Birthplace Salisbury, Md

16. Informant Mr Joseph F. Ross

Address Denton Md

17. Burial Date thereof 8/1/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro, Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md.

19. 7/29 19 48 N.B. Neerues
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 48 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 July 19 48 to 29 July 19 48
and that I last saw him alive on 29 July 19 48

Immediate cause of death Respiratory failure

Due to arterial carcinoma of the lung

Due to carcinoma of the ovary

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Phyllis Ann Newman M.D.
M. D. or other _____
Address Carle, Maryland Date signed 30 July 48

RECEIVED

AUG 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07594

Reg. Diat. No. 290

1. PLACE OF DEATH

County Talbot County
 City or town Easton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 hrs.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 23 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr William J Shortall

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mrs Maude Shortall7. Birth date of deceased (mo., day, yr.) Nov 1, 1876 8. (c) If alive, give age _____ years8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Talbot County, Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business Farmer12. Name Michael Shortall13. Birthplace Ireland14. Maiden name Catherine Devere15. Birthplace Ireland16. Informant Mrs Maude ShortallAddress N. Harrison St. Easton Md17. Burial Date thereof 7/24/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Md18. Funeral director Edin ClarkAddress Easton, Md.19. 7/21 48 N.H. Neerues
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 - 1948, at 7:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946, to 7-20-1948and that I last saw him alive on 7-20-1948

Immediate cause of death _____ DURATION _____

myocardial infarction 2 daysDue to Coronary occlusion 2 daysDue to Arteriosclerotic coronary disease several years

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

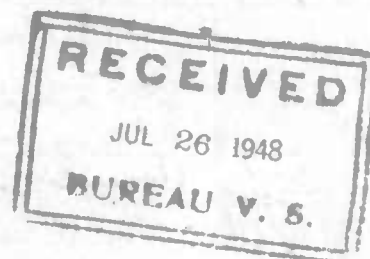
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external cause, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. Cox M.D.
M. D. or other _____Address Easton Md Date signed 7-21-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age in correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159

07595

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 hrs 55 min
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 2 hrs. 55 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Memorial Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Easton Maryland
 (If rural, give LOCATION)
 2. (a) If veteran, name war

(a) FULL NAME

(Baby Boy) Smith

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced —

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-24-48

8. AGE: Years Months Days If less than one day
2 hrs. 55 min.

9. Birthplace Easton Talbot, Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Henry Smith13. Birthplace Clearwater, Florida14. Maiden name Nancy Miller15. Birthplace Richmond Hill, Ga.16. Informant Henry SmithAddress Preston Labor Camp, Preston Md17. Cremation Date thereof 7/26/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Memorial HospitalLocation Easton Maryland18. Funeral director Memorial HospitalAddress Easton19. 7/26 19 48 N. H. Heereus
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 19 48 at 8:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 19 48 to July 24 19 48and that I last saw him alive on July 24 19 48Immediate cause of death Pneumonia

DURATION

2 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thos B. Pinner
 M. D. or other
 Address Preston Md Date signed 7/25/48

RECEIVED

AUG 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07596

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 32 1/2 hours
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 32 1/2 hr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) if veteran, name war _____

3. (a) FULL NAME

Lydia Stanley

3. (b) Social Security Number

220-12-0246

4. Sex Female 5. Color or race negro 6.(a) Single, married, widowed, or divorced married

8.(b) Name of husband or wife Houston Stanley

7. Birth date of deceased (mo., day, yr.) May 22, 1878 6.(c) If alive, give age _____ years

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Hurlock Md
 (Town, county, and state)

10. Usual occupation H.W.

11. Industry or business _____

12. Name Samuel Boyce

13. Birthplace Hurlock Md

14. Maiden name Garrett Husband

15. Birthplace Hurlock Md

16. Informant Houston Stanley

Address Hurlock Md

17. Burial Date thereof July 24 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Petersburg Cemetery

Location Near Hurlock, Maryland

18. Funeral director J. J. Frankfort and Son

Address Federalburg, Maryland

19. 7/22 19 48 N. D. Meerns
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 48 at 3 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 19 48, to June 21 19 48.

and that I last saw her alive on July 20 19 48.

Immediate cause of death Cerebral DURATION 4 days
arteriosclerosis Part of Generalized

arteriosclerosis [173/45 also]

Due to Arteriosclerotic Heart Disease 10 days

Due to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____

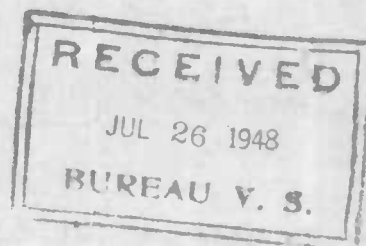
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul B. Turner M. D. or other

Address Petersburg Md. Date signed 7/21/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07597

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 hrs. 50 min.
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 6 hrs. 50 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 144 S. Washington
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sullivan, Edna H.

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1882

8. AGE: Years Months Days If less than one day
65 hrs. min.

9. Birthplace Cambridge, Md.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Edmond Hoffecker13. Birthplace Church Hill, Md.14. Maiden name Lucy Stewart15. Birthplace Talbot County16. Informant Mrs. Marcelle PriceAddress 144 South Wash St. Easton, Md.

17. Burial Date thereof 7/12/48
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Spring HillLocation Easton, Md.18. Funeral director Carl HoffeckerAddress Easton, Md.19. 7/11 19 48 H. R. Neirin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 July 19 48 at 3:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 19 48 to July 9 19 48and that I last saw him alive on July 9 19 48Immediate cause of death Coronary ThrombosisDURATION 4 daysDue to Arteriosclerotic Heart Disease 4 yrs.

Due to

Other conditions Nil

(Include pregnancy within 3 months of death)

Major findings of operations Nil

Date of op.

Autopsy results Nil

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Nil Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. M. P. Stevens M. D. or otherAddress Easton, Md. Date signed 7-10-48

RECEIVED
JUL 15 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07598

Reg. Dist. No. 290

1. PLACE OF DEATH: *Fallbot*
 County.....
 City or town *633 Dover St. Easton, Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *15 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Fallbot*
 City or town *633 Dover St. Easton, Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Frank Webb*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *C* 6.(a) Single, married, widowed, or divorced *widowed*
 6.(b) Name of husband or wife *Prasa Webb*

7. Birth date of deceased (mo., day, yr.) *June 6 1888* 6.(c) If alive, give age..... years

8. AGE: Years *60* Months *9* Days *9* It less than one day..... min.

9. Birthplace *Preston, Md.*
 (Town, county, and state)

10. Usual occupation *Sabater*

11. Industry or business *Same*

12. Name *Joseph Webb*

13. Birthplace *Preston, Md.*

14. Maiden name *Wiley Simpson*

15. Birthplace *Preston, Md.*

16. Informant *Charles Webb*

Address *Easton, Md.*

17. *Burial* Date thereof *July 18 1948*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Preston, Md.*

Location *Preston, Md.*

18. Funeral director *Leslie W. Neer*

Address *310 South St. Easton Md*

19. *7/16 48* *N.R. Neer*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 15* 19 *48*, at *4:30* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 1* 19 *48*, to *July 15* 19 *48*

and that I last saw him alive on *July 15* 19 *48*

Immediate cause of death *Carcinoma of the*
Colo

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE *Hayward T. Webb M.D.*
Easton, Md.

Address..... Date signed *7/15/48*

DURATION

1 year

RECEIVED

JUL 21 1948

BUREAU V. 3.